

Pandemic Influenza Ethics Task Force

Public Health Practices Workgroup

Members:

Dr. Jane Richter, co-coordinator
Dr. Hal Gabel, co-coordinator
Phyllis Beasley, DHEC Staff Person
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Ann Austin
Venay Reese, DVM
Dr. Linda Bell
George Clay
Dr. Phil Schneider
Dr. Covia Stanley

The group discussed and determined that the following public health issues (highlighted in yellow) would be addressed for the Ethics Task Force White Paper (assignments on each topic are shown later). Issues that were discussed, but will not be included in the white paper are listed, but not highlighted.

Health Care Workforce continuity (COOP, PPE, PEP, etc.)

- If health care workers (HCW) have knowledge, capability to provide care, will they? E.g. HCW with small children, etc. may not
- If the Emergency Health Powers Act is implemented, health care worker's license may be lost if he/she refuses to provide care
- Duty to care must be weighed against personal issues
- Individual interest of HCW vs. Community (includes janitorial, food workers, security staff, public health, hospital, volunteers, community physicians, social workers,)
- What is the agricultural response component
- Does organization have enough personal protective equipment (PPE), antivirals?
- Psycho-social aspect of caregivers—burnout may be extremely high!

Allocation of antivirals and vaccines (including dispensing and mass vaccination logistics)

- Region 6's Ethics Committee reviewed the current recommendations--They agreed on vaccine distribution, disagreed with CDC antiviral distribution
- HCW were number 7 (on CDC tiers), Region 6 Ethics Committee believed the HCW should be prophylaxed by Day 1 and continue

- USDA will provide antivirals for responders and can distribute and utilize to federal responders, can provide to state, but must have public health support to distribute

Isolation and Quarantine and other disease control interventions

- Isolation and quarantine will occur in hospital, but guidance/message provided by public health
- Isolation and quarantine will occur in the community also—and guidance/message will be provided by public health
- Is a question of individual rights
- Hospitals ask if DHEC will advise and support; request guidance
- Isolation and quarantine is not an issue pure to DHEC, there may also be work quarantines

Pre-hospital Triage (e.g. public messages, hotlines, health dept.)/Community Care

- There are not enough hospital beds even if ACS (alternate care sites) are included
- Should public health open Community Care Sites? (Will DHEC accept responsibility for it, i.e. “okay” it?) DHEC staffing will not be sufficient to staff community sites. These would be more like shelters than hospitals.
- Are there ethical issues related to DHEC opening shelters/ACS?
- Who are the affected populations, school children needing medical care, homebound?
- How will and what palliative care be provided?
- Should there be stockpiling of medications to minimize discomfort and ease anxiety? Well family members and loved ones may not be able to attend to their sick ones causing additional distress.

Altered (Adapted) Standards of Care---DHEC pulls the trigger, common thread among workgroups

Other Issues:

Resource allocation (thread throughout)—staff to areas of greater need (mass casualty concept, addressed as a region)

Perceived roles in sustaining infrastructure affect resource allocation decisions

From public health standpoint, how do we communicate these decisions?

As the public health group, we need to provide to Risk Communication group how the decisions (for distribution of resources and care) were made

Group needs to focus on home care due to high percent of infection during a pandemic.

What are triggers to initiate each recommendation?

Each workgroup should identify dis-enfranchised and be sure to address their needs.

Need checklist of ethical considerations for all workgroups.

Public health deals with the “whole”. For the betterment of the whole, the individual may have to do without—public health perspective. Don’t have individual right to endanger the public.

Need to address the critical infrastructure, esp. regarding tier groups. (Isolation and quarantine should be addressed as critical infrastructure)

Assignments:

Isolation and Quarantine:

Linda Bell, MD

Venaye Reece, DVM

Healthcare Worker Continuity:

George Clay

Covia Stanley, MD

Pre-Hospital Triage:

Ann Austin, RN

Raymond Barteet

Allocation of Antivirals and Vaccines:

Phil Schneider, Ph.D.

Jane Richter, Dr. PH

Individual assignments due to Dr. Gabel and Jane Richter by January 12, 2009.

Phyllis to find/develop framework for individual reports, ASAP.

Phyllis will send group email with addresses of all members.

Reference:

Cptheo.sph.umn.edu “Ethics in the Worst of Times – June 5, 2008 Webcast”